



Delaware Partners in Policymaking Class of 2014 Application for Participation

Schedule: All sessions start Friday, starting at noon, and end Saturday, late afternoon.

February 14 – 15, 2014	June 13 – 14, 2014
March 14 – 15, 2014	July 25 – 26, 2014
April 11 – 12, 2014	August 22 – 23, 2014
May 16 – 17, 2014	September 12 – 13, 2014

Location: Hilton Garden Inn – Dover ■ 1706 N. DuPont Highway, Dover, DE 19901

APPLICATION DEADLINE: December 20, 2013

Please note: Participants must be at least 18 years of age, a Delaware resident and committed to attend all sessions. We seek applicants from across the state with varied cultural, racial and ethnic backgrounds.

TO APPLY: Please PRINT in INK. See Page 4 of the application for instructions on submitting the application.

Name _____

Street Address _____

City _____ County _____

State _____ Zip Code _____

Home Phone: _____ Work Phone: _____

Cell/Other Phone: _____ Email: _____

Date of Birth: _____

Do you have access to a computer with internet connection?

☐ Yes

☐ No

1. Are you a person with a disability? ☐ Yes ☐ No

a. If so, please specify your disability and provide information on how it affects your daily life:

b. What kinds of support services or technology services/devices do you use or do you receive?

2. Are you a parent of a child with a developmental disability? ☐ Yes ☐ No

a. If so, what services do you, your family or your son/daughter receive from the county where you live?

b. Please check one in each column for each child with a developmental disability:

Child #1		Child #2		Child #3	
Age	Disability	Age	Disability	Age	Disability
<input type="checkbox"/> Birth - 3	<input type="checkbox"/> Physical	<input type="checkbox"/> Birth - 3	<input type="checkbox"/> Physical	<input type="checkbox"/> Birth - 3	<input type="checkbox"/> Physical
<input type="checkbox"/> 3 –7	<input type="checkbox"/> Cognitive	<input type="checkbox"/> 3 –7	<input type="checkbox"/> Cognitive	<input type="checkbox"/> 3 –7	<input type="checkbox"/> Cognitive
<input type="checkbox"/> 7 –10	<input type="checkbox"/> Emotional/ Behavioral	<input type="checkbox"/> 7 –10	<input type="checkbox"/> Emotional/ Behavioral	<input type="checkbox"/> 7 –10	<input type="checkbox"/> Emotional/ Behavioral
<input type="checkbox"/> 10 –14	<input type="checkbox"/> Sensory	<input type="checkbox"/> 10 –14	<input type="checkbox"/> Sensory	<input type="checkbox"/> 10 –14	<input type="checkbox"/> Sensory
<input type="checkbox"/> 14+	<input type="checkbox"/> Other _____	<input type="checkbox"/> 14+	<input type="checkbox"/> Other _____	<input type="checkbox"/> 14+	<input type="checkbox"/> Other _____

c. Please specify for each child, his/her disability and provide information on how it affects his/her daily life and that of your family. _____

d. Please provide specific information on how this diagnosis or disability affects your access to necessary or needed services. _____

- e. Is your son/daughter receiving special education services? ☐ Yes ☐ No
If yes, describe those services. _____

3. Do you or does your son/daughter meet the federal definition of a person with a developmental disability? (See the definition on the last page of this application.) ☐ Yes ☐ No
If yes, describe those services. _____

4. Identify one or two specific problems or issues that are of greatest concern to you. _____

5. Weekend sessions begin with check-in and lunch on the first day at noon, and end on the second day at 4:00 pm. The sessions are held at the Hilton Garden Inn, Dover. Double occupancy rooms (you will room with another class member) and meals are provided.

- a. Attendance is required at each session. Will you make a commitment of two days, one weekend per month, for the eight months between February and September 2014?
☐ YES ☐ NO

- b. If you are employed, have you talked with your employer about session attendance and made necessary arrangements so you can attend all weekend sessions?
☐ YES ☐ NO

6. If you have a disability, what accommodations do you need to help you actively participate in the weekend sessions (such as wheelchair access or larger print)? _____

7. Do you require interpreter services (such as signing or language translation)?

☐ YES ☐ NO

If yes, please specific type of service: _____

8. If you are a parent, will you use respite/child care services so you can participate in the Partners Program?

☐ YES ☐ NO

9. If you are a person with a disability, will you use personal care attendant services during the sessions? ☐

☐ YES ☐ NO

10. **NOTE:** The Program does not provide on-site respite/child care or personal care attendant services. Total reimbursement of up to \$100.00 per weekend will be provided if no other funds are available.

11. Are you currently a member of, do volunteer work for, or are involved with an advocacy organization?
☐ YES ☐ NO If yes, please list each organization and the role(s) do you play.

12. Please tell us about yourself and your family.

- a. If you are working, tell us about your job and the kind of work you do: _____

- b. If you are in school, tell us about your field of study and the types of classes you are taking:

- c. In what type of community/volunteer activities are you involved?

- d. What are some of your personal interests? _____

- e. Please share any life experiences that have been special joys or challenges for you, your child or family: _____

13. Tell us why you want to participate in the Partners in Policymaking program.

14. How did you learn about the Partners in Policymaking program?

Signature and date required to complete the application.

 Signature

 Signed on (Date)

APPLICATION DEADLINE: December 20, 2013

You will be notified by January 24, 2014 regarding the status of your application.

Options to submit your application

E-mail: al.rose@state.de.us
Fax: 302-739-2015
US Mail: Partners in Policymaking - Oversight
 Committee
 Developmental Disabilities Council
 Margaret M. O'Neil Bldg. – 2nd Floor
 410 Federal St. – Suite 2
 Dover, DE 19901

To learn more about the Partners in Policymaking program, contact:

Karen S. Bell,
 DE Partners Program Coordinator
 Bell | Strategic Marketing Solutions
 Email: karen.bell813@outlook.com
 Phone: 610-256-4190



We invite you to become an advocate and agent of change for persons living with developmental disabilities. Complete your application today. The definition of “Developmental Disability” is provided to help complete your application.

Definition of “Developmental Disability”

According to the Developmental Disabilities Assistance and Bill of Rights Act, the term “Developmental Disability” means a severe, chronic disability of an individual that:

- Is attributable to a mental or physical impairment or a combination of mental and physical impairments.
- Is manifested before the individual attains age 22
- Is likely to continue indefinitely
- Results in substantial functional limitations in three or more of the following areas of major life activity:
 - Self care
 - Receptive (understanding) and expressive language
 - Learning
 - Mobility (ability to move)
 - Self-direction (motivation)
 - The capacity for independent living
 - Economic self-sufficiency and
- Reflects the individual’s need for a combination and sequence of special, interdisciplinary or generic services, individual supports or other forms of assistance which are of a lifelong or extended duration and are individually planned and coordinated.
- Infants and Young Children: an individual from birth to age nine, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria (above) if the individual, without services and supports, has a high probability of meeting those criteria later in life.